

Dorset Women CIC E3_mixdown v2

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Women's health, gynaecology, midwifery, obstetrics, maternal inequalities, digital access, community support, early labour, patient empowerment, diverse communities, healthcare disparities, NHS funding, patient voice, healthcare providers, reproductive health.

SPEAKERS

Professor Vanora Hundley, Marianne Storey, Daniel Webster, Anjali Mavi, Speaker 1

- M** Marianne Storey 00:09
Welcome to episode three of speaking of women's health, a podcast that gives you the opportunity to see behind the scenes of a recent NHS programme that focused on women's health. I'm Marianne story

- S** Speaker 1 00:21
and I'm Anjali Marvi. Welcome everyone. Welcome to episode

- M** Marianne Storey 00:24
three, Anjali. It's nice to be here again with you.

- A** Anjali Mavi 00:28
Same here, and can't wait to hear from our special guest today about women health and questions about gynaecologists.

M

Marianne Storey 00:37

Yeah, so this is a big old subject this week, because guy in ecology, well, I don't know, it gives me the heebie jeebies, just saying a word, it's such a to women. I don't know. Does it do that to you? You know, just saying the word things, oh, you know.

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Anjali Mavi 00:52

Well, for me, this is a very emotional and personal boss car. So I'm holding myself at the caution. So, yes, it is.

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Marianne Storey 01:00

I think, I think you've hit the nail on the head there with that word personal. It's a very personal thing, isn't it, gynaecology and the health of women's kind of reproductive systems and everything that goes with that, including, I suppose, pregnancy giving birth. So it is huge. But once again, we are hugely privileged to have two big experts on this episode. So today we have Nora Huntley, who is the professor of midwifery at Bournemouth University, and along with her, we have Daniel Webster, who is the medical director for obstetrics and gynaecology in the local hospitals in Bournemouth and Poole and so I don't know how we're going to cover all of this, this huge subject, in one episode, absolutely, but these two people have been involved in this women health programme right from the very beginning. So they know everything there is to know, including all the problems that the you know, we all very, very well aware of. But at the same time, they are also both working really hard to try and improve things.

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Anjali Mavi 02:09

I am already fascinated with their designation, and I know they will be coming up with lot of right information of our questions. So let's sit down. Yeah, let's hear what they've got to say.

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Marianne Storey 02:22

You Well, it's great to have you both here such eminent experts in the room. I feel a bit of a privilege to be in this company today for Nora, if you could just introduce yourself and tell us who you are and what you do.

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Professor Vanora Hundley 02:39

Thank you. Marianne, I'm Vanora Hundley. I'm professor of midwifery at Bournemouth University, and I co-lead the Centre for midwifery and women's health. I've got background in midwifery and nursing. I've been at Bournemouth now for 12 years, and I've worked in a number of countries, in the UK and Hungary and the USA.

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Marianne Storey 02:57

Wow, I don't think I knew that about you. And Daniel, do you want to tell us who you are and what you do?

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Daniel Webster 03:04

Yes, I'm Daniel Webster. I'm a consultant obstetrician gynaecologist at University Hospital Dorset. I've been a consultant for 14 years. So yeah, in both the obstetrics and gynaecology, in terms of other roles, I have been clinical director in obstetrics and gynaecology, and my current role is the medical director for the care group that looks after women's health.

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Marianne Storey 03:27

And for those of us who are not quite as in the know as you, obstetrics is and gynaecology, what's the difference?

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Daniel Webster 03:35

Yeah, so obstetrics is relating to pregnancy and childbirth, and that will incorporate all aspects, so no pre-conception, antenatal labour, birth and postnatal care. And then gynaecology will include early pregnancy and divided into sort of elective and emergency gynaecology, so can be anything from periods to menopause, sexual health, contraception. So it's very diverse, and that all is encompassed within the gynaecology umbrella.

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Marianne Storey 04:13

Is it? I mean, I'm showing my ignorance here now, Daniel, but gynaecology is women's reproductive health in a way. So it wouldn't include breasts, or would it? Where does breast help in more than that?

D

Daniel Webster 04:26

It's a really good question. So I think that breast would have its separate entity in terms of sub specialties. So you will have breast surgeons and breast a breast team to look after that. But I think where it will come in is, for example, in the sort of paediatric gynaecology that so the children gynaecology, if there is delayed sex development, then obviously we would be asking questions about breast development. And then I think there, from a cancer perspective, there are some genes that are. Share an increased risk of breast cancer and gynaecological cancer. So we would have an awareness of breast but I wouldn't say a big part of our work.

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Marianne Storey 05:11

Okay, so generally, does gynaecology, generally, is reproductive and the Nora midwifery and obstetrics? How do they differ? Midwifery is the delivery of the baby

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Professor Vanora Hundley 05:22

that I mean, midwifery provides the whole continuum of care. It's one of the most important public health roles that we have. Midwives provide prenatal care, so care during pregnancy all the way through to the birth of the baby and postpartum. But also, midwives tend to work in a public health role within the community, providing valuable information to women in planning to get pregnant, and supporting particularly things like early pregnancy loss, and also thinking about spacing into spacing between pregnancies. So it's a huge role in which we very much support women and their families, and looking at the wider community in order to ensure good care.

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Marianne Storey 06:04

So I mean, two very big subjects, then between the two of you presumably have to work quite closely together.

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Professor Vanora Hundley 06:10

Yeah, absolutely. I mean, it's definitely a shared thing. And although we sometimes see in the media, people trying to pit obstetricians and midwives against each other, actually, particularly in our area, I think we work very closely together, and the more we work as a team, the better the outcomes for women and families.

D

Daniel Webster 06:28

Yeah, and it's not just midwives. Obstetricians. Have to remember that in terms of pregnancy, there are many, many other people that contribute to that journey, whether that's physiotherapists, general practitioners, health visitors, they all have an important part to play to achieve successful pregnancy and bear.

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Marianne Storey 06:50

And today we're here because we're talking about the women's health programme we've all been involved with. And you know, Part, Part of the success of this programme, for me, is that you two have been involved from the very beginning, you know, several years ago, when we got together and ran our women's health symposium three years ago. And so it's been great to have you both on this journey, this whole way through. So my first question to you both is, you know, way back then, when we were starting to talk about it, what I'll ask you both separately. But what did you want to happen for this programme? What was the maybe the one big thing you thought, right, if this does anything, hope it does this. So you start for Nora, because, you know, we were in this together right from the very beginning.

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Professor Vanora Hundley 07:38

Well, as you know, Marianne, I'm passionate about women's health. And what I was really keen was that, with a greater focus, a greater awareness, both, you know, for women themselves, but also for clinicians and for policy makers, we've had a real lack of investment in women's health over the years, and that delays diagnosis. It means we've got long waiting lists, and ultimately, that can lead to ineffective care and poor outcomes for women, and it also has a huge economic impact. An NHS Federation report published last year shows that for every one pound invested in obstetrics and gynaecology, for each woman, we would generate 319 million pounds return to the economy. It's a huge investment, because women are right at the centre of families. If women are unwell, then who supports them? Who supports the family? So investment in women's health and making it more accessible to women was really what I was wanting to do.

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Marianne Storey 08:40

That's a big that was a big ambition. It's a big ambition. But why not? Right? I mean, I think that we both wanted that

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Professor Vanora Hundley 08:46

absolutely and in terms of small steps, it's about thinking about access and support for women. As you know, I've been working with the wonderful Linda Ajman, and we've done some work looking at Black and Asian communities and their access to care, and what we found was that they just weren't aware of the services they didn't know how to get access to services, and they needed a bit of support to advocate for them. And so at a small level, yes, that might be Dorset only we've achieved that, but that has a huge impact. It rolls out into the community and wider.

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Marianne Storey 09:21

And how about you, Daniel, were you with us there on that symposium, talking about when was half I probably landed you in it at that point, those many years ago, but when we were standing up there talking what, what did you think or hope? What did you hope would we would get out of this programme?

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Daniel Webster 09:36

Yeah, no, I mean, I say the first thing, say, I'm incredibly grateful that you know, you invited me, Marianne, and to be part of the journey, and also to be there at the start of journey. I think, as somebody that my job is so hugely involved with women's health that I want what's best for women, and obviously to I completely agree with what honour has said about knowledge awareness. And support. But I think also, for me, there's a little bit about empowering women to, you know, have the control and the autonomy that they want to dictate their healthcare. I think one of the things that we've seen over the last three years is, you know, in terms of Dorset women's health and the website, how it's evolved. We have tried to do it from, you know, a journey in terms of from childhood to older adulthood, and I think that's the right way to do it. And it is about accessibility, and it's about those sort of harder to reach groups, as you remember that women's symposium. But I think there are two things that I remember one is that we had a good audience. You know, had a large audience that I would say, represented diversity, and that was great to see. I also gave a talk about inequalities in women's health and in terms of pregnancy childbirth, and I spoke about black women and how they have a higher instance of maternal morbidity and mortality. And that talk was taken very well. And actually, we had a really interactive discussion, and it was really interesting to hear questions from the audience and hear their views on it could, I think, actually, you know, I don't think that the UK public would necessarily be aware of the statistics behind that, and it's something that we are aware in healthcare. But, you know, it's a to know that black women are more like Diane childbirth is a really scary statistic, and it's yeah, for me, I think something bespoke for Dorset, that Dorset women can get their teeth into and feel that it's their thing. And I think that's the other thing, isn't it? Marianne, we have tried to involve patients, and we've got patient voices. We've got patient

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Anjali Mavi 11:55

stories on your website, yeah, because first, I'm so glad you have been sharing your experience. And venora, you did mention one thing, it's very important, because women's health are a key important thing, which, if it is not right, it definitely affect the full family. And Daniel did mention about being involved with diverse especially with black community. But then I would like to know when you were, when you were part of this programme, did you have any kind of technique, model or process to get involved diverse community, or so they can be heard represented, because there are a lot of myths. I can go on and on in this broadcast. 45 minutes will be a very small time, but then I know I have been there. I have myself and my, you know, community. There's too much myth about pregnancy and about gynaecologist and difference about the car. What kind of service we, you know, gynaecologists can provide. So please share what process, like, what technique and what model you use so they can be heard and they can be part of this programme? I was

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Professor Vanora Hundley 13:04

lucky to work with Dr Linda adjamang, who led the group looking at underserved communities. And one of the things that Linda was looking at was really challenging us to think about, where do people get their information? And so she has particularly been working with women in the black community, and we had a small group patient public involvement group here at the university, where we talked about information and their access. And what women told us was, we don't get that information at the GP or going to the midwife. We get it through the church. And so Linda set up some information groups in which we were able to collect information and advocate through that. So it's really thinking about, how do we work with different communities to to find out the ways that they get the information and to ensure we deliver it in a way that's accessible to them? And my work has also been with birth rights. We did some work with them looking at the disabled community. So we've heard a lot about ethnicity, quite rightly, and the disparities in care, but what we find is that that we haven't really looked at disability. In fact, we really poor at collecting data on disability and outcomes in pregnancy, and so looking at that group and looking at how we support them is really important. So again, this is some work we've been doing through Bournemouth University with women who have visual impairment, and looking at how healthcare providers provide information. A lot of it's visual, a lot of it's written, and there's an assumption that people are able to access that. So it's really tailoring it and listening to the individuals in their communities, rather than assuming that we know it has to come from the bottom up.

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Anjali Mavi 14:47

I agree. Thank you, Daniel. Any views from your side?

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Daniel Webster 14:51

Please hit nail on the head. Really, I think it's just, you know, I still think we you know, as a. Our care profession, we still have unanswered questions. So why? You know, ethnic, diverse groups, why is there a higher risk of morbidity, mortality, in in maternity? There are still questions that have been unanswered. But yeah, I think it's just recognising that it's not a one size fits all, is it, isn't it? Some you know, information sharing has to be work for the individual, family and the patient.

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Marianne Storey 15:26

It was. It was such a poignant moment. Danny, wasn't it? At that symposium, this is such a shame you weren't there, actually. But after Daniel had given his talk, a black woman in the audience, you know, literally stood up, didn't she, and said this, you know, this isn't good enough. Why am I more likely to die in childbirth? And more to the point, what are you doing about it? And I think it was really that moment that all of us got together afterwards, didn't we,

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Daniel Webster 15:49

and said, we've got a really nice moment, wasn't it? And well done to that person for being brave and to stand up. But you know, I think also what black women will say is that I am fit and healthy. You know, yes, you may be, but we can't hide behind these facts. I think also Marianne, if I remember rightly, there was a little discussion about whether black women, if they didn't have any other risk factors, should be their pregnancy be high risk. And that was a really interesting thing, wasn't it? So, because I think that black women feel that that discriminates against them by putting them high risk if they do not have any other risk factors. And I think that that's a fascinating Yeah, it's just a fascinating angle, isn't it.

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Marianne Storey 16:36

So just to give fill you in about that, Anjali, what part of that discussion was that one of the ways that the hospitals correct me if I tell this story wrong, Daniel, but one of the ways that the hospitals try to reduce that mortality in black and ethnic minority women is to flag them as high risk when they present.

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Daniel Webster 16:56

I mean, a high risk potency would then be shared consultant, and midwifery care will have antenatal clinic appointments in the hospital and likely to have scans of their baby at regular intervals, whereas a low risk pregnancy would not necessarily attend consultant antenatal clinic would not necessarily have growth scans, so it may not necessarily pick up things That would be picked up in a high risk pregnancy.

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Marianne Storey 17:24

So so it's a genuine attempt, Anjali, for the system to try and reduce the risk by saying, well, let's flag it as high risk, because then they'll get extra but the point what we heard back from black women was, but hang on a minute. I'm not high risk. My pregnancy is no more high risk than a white woman. So actually, it's not that my pregnancy is riskier, that there's some kind of inbuilt racism into the system, and we just haven't got to the bottom of what that is. But fortunately, what was great about this programme is that it sparked almost the whole thing, didn't it? It made us get together after that event and say, right, we need to really campaign for a programme around women's health, and that progressed into this programme. So this programme wouldn't really have happened without that conversation, which is why it's such a great story, because look at what we've done since then, and I'm really pleased Linda is coming on on another episode for Nora to talk about her the work that she's been doing very specifically. So we will, we'll dig into that in more detail. So let's move on. I mean, my, my next question is perhaps the next sort of logical question, in that you both had huge ambitions. Minora, you wanted to see greater investment and kind of strategic change. And Daniel, you were talking about better access for women, outcomes for women. So what? What do you think this programme has actually achieved towards those two quite big things? Big Question, minora, you start,

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Professor Vanora Hundley 18:49

I think it's, it's raised the profile of women's health in Dorset. So from a policy perspective, we've, we've had some great speakers. We've had the Women's Health czar down here, you know, Leslie Regan talking with us, we've made great connections, and we've on the basis of some of the work we've done, we've got a really good community that involves, you know, practitioners. It involves women, it involves educators and researchers, and I'll say a bit more. But we've also secured some funding to look at maternal inequalities across the area as part of the large NIHR challenge. So I think from the perspective of raising awareness, we've achieved that, but perhaps much more important is we've made connections with communities, and we're beginning to get that communication going so we'll be able to get women talking. And Daniel mentioned about the importance of empowering women, I think that's a real legacy that we've got. We need to continue that. We know that the portal, the women's health programme, on the website, is wonderful, but we need to get it out. Not everybody has digital access. Not everybody reads it in this particular way, so it's those next. Just which I know we're working with you on. Marianne, yes, yes,

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Marianne Storey 20:04

the work is ongoing. And when we started, Daniel, you know, there were some really very challenging things weren't there about gynaecology in Dorset. So what do you think this programme has contributed to trying to address some of those things? Yeah.

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Daniel Webster 20:18

I mean, obviously, you know, when we started three years ago, we had not long been out of a covid pandemic. And unfortunately, the covid pandemic had made the situation Dorset in terms of waiting lists, for for surgery, much more challenging. So pre 2020 waiting list compared to, you know, when we started in 2022 you know, women were waiting at least a year, if not two, for any treatment, any surgery, which I'm sure we'd all agree is it's a long way off from where we want to be. Yeah, you know, things are better in 2025 but I have to be honest with you, we are still in a tricky place, and we're still a long way off from giving women that the prompt treatment that we should be giving them. So things are still challenging. I think that the Women's Health website is signpost women to information, and I would hope that it's it's in a format that easy to read, I think if you look at the website. So for example, if you look at the subsection, say whether it be menopause, for example, there will be lots of hyperlinks to references. And I think that menopause is a good example of something that it's a bit of a minefield if you try and do your own research. So if you go onto the internet and try and to learn about menopause, there are many, many, many resources. And I think what we've tried to do is select useful resources to help signpost women to what they need to know.

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Marianne Storey 21:50

I mean, I would say the same about gynaecology generally. And then we have a, we have a section on the website Daniel called gynaecology. I mean, it's just vast. There's so much information that could be on there that, you know, making sure that women have got, you know, really understandable information in a format that is helpful, has been a real challenge in this particular area, because there's just so much of it. But I think it's important to say that this work is ongoing. So this the programme we've been working on ended in the way that it was being run, but it's been taken on by the hospitals, and so we continue to be involved in your teams and the wider teams in the hospital. Daniel, I know, are still working really hard, aren't they, to bring those waiting times down and really try and make some changes.


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Daniel Webster 22:35


I think the other thing about the women's health programme is that, you know, being very collaborative. It's been, everybody has been involved. So the the ICB, the hospitals, Bournemouth, university, lots of system partners have come together to create this website and to create the women's health programme moving forward. And that's absolutely the right way. And obviously, none of this would be possible without the patient voice as well.

 Marianne Storey 23:01

Yeah, true, yeah. The ICB, for listeners who don't know, is the International commissioning international integrated Commissioning Board. I've got international on my brain because I'm going on holiday next week,

 Daniel Webster 23:13

integrated care board. So essentially what used to be the clinical commissioning group.

 Marianne Storey 23:20

So, yes, so they're responsible for commissioning, commissioning services

 23:25

in Dawson, absolutely. I

 Anjali Mavi 23:27

mean, I would like to add something here, and when I was listening you Manora, regarding everybody is not expert in digital world. I mean, there are still some community who are still in old school, like, they need information in flyer poster, or, like, you know, some kind of write up somewhere in church, temple or mosque. So there are a lot of barriers, which all the in, you know, migrant or diverse community, or, you know, ethnic background community. Women's have lot of barriers to talk about, because when it's come to pregnancy, it comes of lot of body part and everything, and still, some women's are not very open to talk about it, and they always want their family member, or maybe some of the men come and talk about it. So this, this barriers are still there, and the myths are big, lot of information, which is not you have created a website, you have you know, leaders or all the experts are there, but how this information can pass, and is there any way where you can encourage, I agree you worked with the black community. But then what about other community? There are many, like Ukrainian community in Dorset has recently arrived, you know, few years back, because of all the things, but they still not have access of that, so it is very difficult for the woman with the colour to reach out. So how this programme can be available for all these women and myth buster programme, I can say that which can be helpful for them, because still a lot of lot of myth is about pregnant. See, because women's and families are coming from different countries, have their own mindset for their medical system. First they need to understand the medical system of NHS or England. So this is one part, one layer. And then, if somebody is coming with the pregnancy and have lot of things in mind, so how they can be, you know, get involved. And can get, you know, get information. So my question is, in that way,

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Professor Vanora Hundley 25:25

I think that's a really important question, and I think I think what we've done is a first step. And, you know, I think we all agree we want to do more, and definitely looking at working with with the communities, with individual organisations, to personalise it, to make it appropriate to their culture and their their group is really important. One of the things that I hope we would draw upon is a national programme of research that's just been funded. This is NIHR National Institute of Health Research. It's their first challenge, and it's to address maternal inequalities. And they have funded 50 million pounds across five years across the UK, and Bournemouth is one of the collaborations that Bournemouth University is one of the collaborations working on that we're working with Sheffield Hallam, and it's a midwifery led collaboration. We also have a collaboration led out of Southampton, so the Wessex area has been very well supported. The program's just started. It's only just launched, but we're hopeful to draw on that funding to support our community groups, to look at how we do things, specifically for groups in Dorset. So I think Watch this space, we'll be working really closely with Marianne and with women's Dorset, and really thinking about how we can maximise that funding to improve things for women here,

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Anjali Mavi 26:45

that's amazing. Good to know NHS is really have funding for this programme.

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Daniel Webster 26:49

Now, can I just say something from a slightly different angle? So in terms of obviously appreciate that it's important that we reach out to those that are not necessarily in the digital world, but for those that are very much in digital world, things have improved in that way as well. So for example, women no longer walk around with handheld maternity notes that everything is electronic. So they have an electronic maternity record, which not only has benefits of meaning that their maternity care can be accessed anywhere in Dorset also means that their maternity care can be accessed in most sites in the UK, because it's quite a universal electronic maternity record within UK. So that really helps. Obviously we have the Dorset care record, so everybody has an NHS app. So we all have our own health records and data at our fingertips, which is, is a really powerful tool.

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Anjali Mavi 27:50

Yeah, indeed, yeah. I agree with you. Is this some of the I met one group here. They are from Romania, and there are some women are really not into technology, and we are now thinking to have one session to make them understand the technology so they can access NHS, you know, site. So I think this is a parallel thing to get them educated with the technology so they can have access of all these facilities which make them feel not included, actually, so they don't understand it is because of this lack of education. They're not having this facility available immediately. So I think it's a parallel thing, but I agree we need to be get used to of technology so soon, as soon as possible, I can say.

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Marianne Storey 28:37

So what's next for you both? For Nora, can you tell us about what you're going to be working on next, and Daniel, perhaps you could talk about what is continuing and the challenges that you're continuing to try to address on behalf of women. You mentioned a few things earlier, so do you want to start with that?

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Daniel Webster 28:55

Yeah, okay. I mean, I think there's a couple of things in there. So, I mean, I still want to be working with the Dorset Women's Health Group and continue to improve, add to the website. Obviously, the website is relatively new, still all developed within the last year, so we have to recognise that it will evolve. I think it's already an incredibly strong resource for women of Dorset, but I have no doubt that if we listen to the feedback and we can continue to improve this as years go by, I think in terms of developments within gynaecology, for example. So we have a couple of initiatives. So the national initiative called girft, which is, get it right your first time. Such a horrible acronym, that isn't it, girft. Girft, yeah, get it right first time, which? And there are some metrics that girft promote, and so ourselves and Dorset County Hospital working towards those. So for example, one of the things would be improving the rates of day case history. Need increasing the rates of day case pelvic floor repairs, so we are working on that. I think the other bit is about recognising, obviously we spoke about waiting lists, so we continue to try and improve that, but also recognising that patients have to wait a long time for their first appointment with a gynaecologist in hospital. And there are examples within the country. So there's a very, very good example in North East London. So North East London had horrendous waiting times, and they have implemented a Women's Health Hub. It's essentially based on a triage based system of the referrals coming in, and it's it's reduced waiting times, it's streamlined things, it's improved patient care. And we are working on a similar thing in Dorset. I think this will be a really good thing, because I think that if we can reduce the the time to the first appointment to see a gynaecologist, that clearly going to improve her care, but also it will enable us to triage, potentially so whether we give advice to GP and they don't need to see us, or we advise ongoing care by another health professional. So I think this is an important step in the right direction that is all very live and happening. Don't have, I don't necessarily have a timeline of when it's going to be implemented, but that is what's happening within our hospital at the moment.

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Marianne Storey 31:30

And there's a general shift isn't there in the In where streeting's 10 year plan to try to ensure that people get more care in the GP setting, is that the same in gynaecology is that is the same intention,

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Daniel Webster 31:45

Women's Health Hub, the community aspect of that is instrumental. So understanding what care can be delivered in community that is currently being delivered in the hospital, and I think that's really important.

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Marianne Storey 31:59

So that's that's part of this work that's ongoing. Absolutely, absolutely. And banora, what's next to you?

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Professor Vanora Hundley 32:05

Well, obviously, we'll continue to work with Dorset women, and this week, we've had the really great opportunity to work with yourself and a group of women, Afghan women, and that's enabled our team to bring students out to support women during pregnancy and postpartum period, and the students get a great opportunity to learn about caring for diverse communities and to really engage, which is so impactful in terms of learning and going forward. So we will continue to do that. We have a number of projects that have started and are ongoing. We have our project, which has been with women with visual impairment, in which we've been asking them about breastfeeding and infant feeding. This has come out of the work we did with birth rights, and what we discover, midwives have moved towards very hands off breastfeeding education which is appropriate. We demonstrate and women copy. Obviously, if you've got visual impairment, that's very challenging. And so we're looking to work with a group of women around tactile teaching, to talk about how we can change the way we teach so that it's appropriate for this group of women. We also have an ongoing project led by one of my doctoral students, Joanne rack, who's looking at women of advanced maternal age. That's older mothers. And similar to the discussion we had earlier around the labelling of risk, this is a group who don't want to be labelled as high risk, but frequently we put them in that category. And so Joanne is looking at, how do we communicate to ensure they have a more personalised service, so that they understand what's there, but also that we offer them something that meets their needs. And then finally, as I've mentioned, we've got this large project that's just started on maternal inequalities, which we're really excited to get involved in. And it has nine centres across the UK. Our centre, the midwife led centre led out of Sheffield, Hallam by Jorge Soltani, brings in a large team from Bournemouth University, looking at digital support and looking at how we can encourage greater access to care for all groups of underserved women. So looking yes at ethnicity, but also disability and also the coastal inequalities where women may not have access to digital opportunities. So there's lots for me to do, but you can be sure that I'll be working to advocate for women.

A

Anjali Mavi 34:25

Yes, amazing. I have a question, or I can say, I don't know, suggestion question, or whatever way you want to say that from all three of you, because, as Daniel was just mentioning, it is a big challenge to get a first appointment with gynaecologist. And that's not only for any diverse community or ethnic bank, it's for everyone. So it's bigger challenge because the kind of pressure and the kind of work commitment and everything so Dorset woman is working in many different you know, women overall, women health project. So. So is there any way we can provide some kind of representative from, especially from for the woman health, whom I can say, that midwife, maybe, or somebody who can, or any community leader who can be trained to give a basic information about the service, about maybe the website, or the important, very basic, important questions about the how to test the pregnancy, or, you know, some kind of risk, what should I eat? What should I not eat? Should I, you know, eat if I'm doing breastfeeding this? Because these are kind of very basic questions. Who can't be just having appointment every day when the gynaecologist is really working hard to dealing with some serious cases. So I have seen that it's very important NHS should take some steps like that, to have some representative to give parts of the information to particular groups, or the people who book appointment, you know, for the gynaecologist. So I don't know it's possible or not, but maybe it is already exist. Maybe we don't know about it, so just curiosity to know about it. So I don't know.

P

Professor Vanora Hundley 36:06

I'm gonna let Daniel start with that one.

D

Daniel Webster 36:10

I think in answer to what your your question, if there is anything we can do to help the answer the way, yes, I think, you know, I would probably signpost people to the website if they were willing to look at it first, because I do think that the information you are asking is there, okay, so, but if it's not, then please let us know. And yeah, happy to help.

P

Professor Vanora Hundley 36:32

I think the other thing I would add is, and it may not be quite the professional opinion you're looking for, but sometimes what women need is just peer support, the ability to ask that question and somebody else to say, actually, that's not a stupid question or yes, that is something you should go and see the doctor about, so that that peer support can be really valuable. We've seen that with some other women's health hubs. So that might be something going forward that we look at how we develop those community supports, on those safe spaces to enable women to ask questions that they might be scared to ask somebody

A

Anjali Mavi 37:09

Yeah, because sometimes reading is not the right solution, because they they're not sure it's right or not, but then somebody talking to them, it can give a different boost for their mindsets.

M

Marianne Storey 37:23

Yeah, I think you know, Dorset women well enough Angela to know that whenever we hear something like that, it always makes us say, Okay, what more do we need to know? What more do we need to know? Who do we need to go to? What? Let's understand the issue further, because we consider ourselves to be, you know, the campaign is for women on all sorts of subjects, not just women's health, but in particular, you know, underserved women and women from minority communities. And I think we need to listen. So that's what I would add. You said you were asking the question of all three of us jumped in. I think all of us need to listen, and we need to really understand the problem Absolutely, and then work with you to find a solution that works. Because, you know, going back to the Nora's point right at the very beginning, you know, if we're not supporting the women in these families, then the ripple effect is huge. So it's important one to get

A

Anjali Mavi 38:17

that. Thank you so much.

M

Marianne Storey 38:19

Well, thank you, both of you, you've been it's been fantastic, and such a insightful conversation. Is there anything? Either you want to say that you feel you haven't had a chance to say, that you made a note that you wanted to say, or you remembered something you'd like to have on record?

P

Professor Vanora Hundley 38:37

I suppose the only thing to say, I mean, one of the things that you had questions. There was around areas that were neglected in maternal health, or pregnancy and childbirth. My passion is around early labour, what's often called the latent phase of labour, and we've been working very hard to look at how we support women, particularly where women are sometimes barred from entering hospital until they're in that active phase, or they're sent home as not in labour, and that impact on them is huge, and so we're working really hard as a midwifery community to look at how we can move more towards ensuring that support. I mean, years ago, we had more community midwifery midwives could go out and see women in the community. But as we've said, you know, things have been centralised in the hospital, and that means that for some women, they they haven't got that support at home to know whether they're in labour. And there is nothing worse than being than coming in and being sent home. As you say, Anjali, it's, it's, it's very dispiriting. So looking at how we can move forward to change our care and ensure that that early phase of labour isn't neglected, is something that we're working hard on. Yeah?

A

Anjali Mavi 39:47

I mean, sorry, Mary, and maybe I will add little bit here. I might little emotional on that question, and that the dog she has done because I been this situation. I was so new. I was new in UK. I don't know anyone, and I got pregnant with my daughter, and I went, I was full labour, and they sent me, and I was in Dorset, actually, I was in royal Bournemouth hospital, and then they just sent me. They said, You're not ready. And the time I reached home, I was in severe pain, and I have to rush to Poole hospital. And it was a I'm sorry, but it was a very difficult experience for me. And I blessed with the baby girl. And after two years, I found out she has a difficulty, learning difficulties and all. And sometime when I go to the doctor, they used to say, oh, because you were in long labour for 37 hours, maybe then the oxygen was less. So, you know, I 17 years I still don't have a right answer, because my pregnancy was fine. Everything was right. I don't know why she has and sometime when the I write, I read the note, maybe because of your labour, you your daughter had a, you know, oxygen issue. So I regret that. Should I go for C section that time, you know. So I always suggest now to all the women who are in this situation, go to the doctor, sit down there and tell you are in labour. So with my experience, I always say that I don't know how much is right, because you are a professional. You know, when we are ready to deliver the baby,

P

Professor Vanora Hundley 41:19

I think it's important. It is, but if you know, it's the support for women as well, that's really important. And it's not unique to this area, and it's not unique even to the UK. We see this across the globe. I've got a group of global experts looking at early labour, but what they've done in Denmark is really very exciting. They've introduced what we used to have, years ago, those early labour areas where you have access to support. You might not need it, you might not need a midwife or an obstetrician if you're in that early phase, but you have the peer support and you have the access and reassurance that you need. And I think that's something that we need to work towards and in this country, but it's service reorganisation, and that takes a long time. Daniel know more about it than I do.

M

Marianne Storey 42:07

How long does it take Daniel?

D

Daniel Webster 42:09

But just move away from the early labour discussion. I think what you've highlighted is that is that pregnancy and childbirth is one of the most important milestones for any woman, any family, and you know, that's why people like me and venore so invested in it. But it's, I think, the point I'm trying to make is that patients will remember what we say. Therefore, it is really important that we do not give any misconceptions or and it's anything we say is based on evidence, and because, as you say, 17 years later, you remember those things, and you don't know what's true or not. And that's that's really sad,

A

Anjali Mavi 42:52

yeah, but it was a lack of information. I must say that, because I was so new and I don't know the system, and we came with the mindset from India, because their C section was like, Okay, if you are not able to do the delivery, just go for a C section there. I wait for 37 hours. And after that they said, Oh, maybe now we need to the baby. Moment is different. And then one doctor came, and she was Indian, so she spoke to me, and she said, You should go for a C section. I'm not blaming the system, but that time, I feel like if she would have come 10 hours before, maybe my daughter would have not have oxygen problem. So this question will be there in my mind for whole life. But I won't blame anyone. I just feel it's supposed to happen that way.

M

Marianne Storey 43:35

Well, we're all very sorry that you ever went through that and your daughter, Anjali, and I think, you know, that's a very difficult thing for you and your family. I think you're a really useful case study. And I think we can learn a lot from stories like that.

A

Anjali Mavi 43:48

And that's why I'm part of this project many and when you said it, I think I can be one of the person who can spoke and tell everyone to listen this broadcast. Go to the website, read the question, understand the system. Don't blame the system. It's your lack of information. My not giving you the answer. So I always come up with this, because whatever happened with me, it happened I can't just sit down and cry all the time, absolutely, yeah, but thank you.

M

Marianne Storey 44:16

Well, you've been fantastic guests. Thank you so much. I'm disappointed that we're in episode three and we haven't used the word vagina. Can we like address

A

Anjali Mavi 44:26

that I wanted to ask Danielle, actually, how big the vagina can go when the baby's coming out? Six inch, seven inch. You're not ready yet. You're not ready that, because that's what I've heard when I was on my labour. You're not ready. You're just six inches. They're like, bloody hell, I can dig on out.

M

Marianne Storey 44:46

So another really fascinating discussion, Anjali, we covered a lot in that, but those two clearly know what they're talking about. What did you think?

A

Anjali Mavi 44:57

I mean, I am really glad i. In our first question itself, they have covered they are working with the diverse community, or ethnic background community. So it's really good to know that there's this information is going out for everyone. So absolutely, we ended up with some emotional talk with my experience here. Again, I can say this is also my favourite episode

M Marianne Storey 45:22
you can't have every episode is your favourite episode.

A Anjali Mavi 45:24
Okay? So I will have some different phrase for this, but I can say knowledgeable, knowledgeable.

M Marianne Storey 45:31
Yes, be sure to follow and subscribe in all the usual places. And the information about the Women's Health website that we keep referring to will be in the show notes, another great episode. Look forward to many more to come see you next time.

A Anjali Mavi 45:46
Keep following doors and woman for more information. See you next time you.